Certificate of Acceptable Use

Subscriber Information

Kansas Department of Revenue

Request for Electronic Access to Vehicle Records

Information Network of Kansas

Certificate of Acceptable Use

Name:	Account# :	
Organization (if applicable):	Title:	
Address:	State:	
City:	Zip:	
Phone:	e-mail address:	
Section I		
Verification of your eligibility to receive	e the requested records.	
Please review the exceptions listed on the	e bottom of this form and fill in the code that	at corresponds with your request.
Code:		

Section II

If you selected code "J", complete this section

A licensed private investigative agency or security service can obtain DMV records as long as the request falls within one of the other exceptions listed. If you have selected code "J", indicate the second code that would make you eligible to receive this information.Code:	
Section III	
If you selected code "M", complete this secti	on
·	use is specifically authorized by Kansas law and is related to the ou have selected code "M", indicate the intended use of the
Signature? Before signing this document, rea	ad this section carefully
the Kansas Department of Revenue cannot be re exceptions in the Act. Those exceptions are listed	4, as amended (18 U.S.C • 2721), personal information obtained by eleased unless the request for information falls within one of the ed on the back of this form. It is unlawful for personal information to be exceptions. Furthermore, it is unlawful for any person to make false action from DMV records.
may award the following: actual damages of not	ril action against the record requester. Should this happen, the court less than \$2,500.00, punitive damages, reasonable attorney fees, quitable relief as the court determines to be appropriate.
	rohibits any list of names and addresses derived from public records selling or offering for sale any property or service.
pursuant to the Federal Drivers' Privacy Prot	ess authority to sign for and receive the requested information ection Act of 1994, as amended. I further declare that any ed to sell or offer for sale any property or service.
Subscriber Signature:	Date:

Exception codes for completion of Sections at the top of this form.

(Please initial one or more applicable codes)

A. I am requesting my own record.
B. I have written consent from the individual to whom the requested information pertains, to obtain records on
their behalf.
C. I work for or am acting on the behalf of a government agency and am requesting this information to fulfill the
functions of that agency.
D. I am requesting this information in connection with matters of: motor vehicle or driver safety and theft; motor
vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles
motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of
non-owner records from the original owner records of motor vehicle manufacturers.
E. I am an employee, agent or contractor of a legitimate business. I am requesting record information in order to
verify the accuracy of personal information submitted by the individual in question. If the information I have is
incorrect, I am requesting to obtain corrected information. This information will be used to pursue legal remedies
against or recover on a debt or security interest against the individual in question.
F. I am going to use this information in connection with a civil, criminal, administrative, or arbitral proceeding in a
Federal, State, or local court or agency or before a self-regulatory body. This may include the service of process,
investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an
order of a Federal, State, or local court.
G. I am involved in a research project to produce statistical reports. The personal information obtained will not be
published, redisclosed or used to contact the individual in question.
H. I am an agent, employee or contractor for an insurer; an insurance support organization or I am self-insured.
The information requested will be used in connection with a claims investigation, antifraud activities, rating or
underwriting.
I. I am requesting record information to provide notice to owners of towed or impounded vehicles.
J. I work for a licensed private investigative agency or a licensed security service. (See section II on the
Certificate of Acceptable Use).
K. I am an employer or an agent or insurer working on the behalf of an employer of licensed commercial drivers.
am requesting records information in order to obtain or verify information relating to a holder of a commercial driver's
license.
L. I am requesting records of individuals who have given the state the express consent to release personal
information by "opting in" their records.
M. I will use the information requested in a manner that is specifically authorized by Kansas law and is related to
the operation of a motor vehicle or public safety. (See section III on the Certificate of Acceptable Use)

Complete this form including signature and data and mail original to: **Information Network of Kansas** 534 South Kansas Avenue, Suite 1210
Topeka, KS 66603-3434

phone: 785-296-5059